

FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION
Case #: MOP - 203583

PRELIMINARY RECITALS

Pursuant to a petition filed on September 22, 2021, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Public Assistance Collection Unit regarding Medical Assistance (MA), a hearing was held on November 18, 2021, by telephone. The record was held open for 14 days for the Petitioner to provide additional evidence of wages. No additional evidence was submitted. The record closed on December 1, 2021.

The issue for determination is whether the agency correctly seeks to recover an overissuance of MA/BC+ benefits from the Petitioner as follows:

Claim Number:	[REDACTED]	10/01/2018 to 10/31/2018	\$ 1.43
Claim Number:	[REDACTED]	12/01/2018 to 09/30/2019	\$4206.71
Claim Number:	[REDACTED]	12/01/2018 to 09/30/2019	\$ 653.23
Claim Number:	[REDACTED]	10/01/2019 to 02/29/2020	\$1178.16
Claim Number:	[REDACTED]	10/01/2019 to 02/29/2020	\$ 969.83
Claim Number:	[REDACTED]	01/01/2019 to 07/31/2019	\$1768.70
Claim Number:	[REDACTED]	04/01/2018 to 09/30/2018	\$1722.93
Claim Number:	[REDACTED]	10/01/2017 to 10/31/2017	\$ 288.68
Claim Number:	[REDACTED]	08/01/2019 to 09/30/2019	\$1409.10
Claim Number:	[REDACTED]	02/01/2018 to 03/31/2018	\$1646.99
Claim Number:	[REDACTED]	05/01/2017 to 09/30/2017	\$3593.74
Claim Number:	[REDACTED]	05/01/2016 to 07/31/2016	\$2747.63

Total \$20,187.13

There appeared at that time the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, WI 53703

By: [REDACTED]
Public Assistance Collection Unit
P.O. Box 8938
Madison, WI 53708-8938

ADMINISTRATIVE LAW JUDGE:
Debra Bursinger
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. On April 29, 2016, the Petitioner completed a Six-Month Report Form (SMRF). She reported that she resided with [REDACTED] and their children. She reported employment with [REDACTED], 17.36 hours/pay period at \$9.76/hour.
3. On May 2, 2016, a notice of decision was issued to the Petitioner informing her that she, [REDACTED] and their three children were enrolled in BC+ with no monthly premium effective June 1, 2016. The notice informed her that this determination was based on gross household income of \$1,100.54 from her employment with [REDACTED]. The notice further informed her of the requirement to report to the agency by the 10th day of the next month if her gross household income exceeded \$2025.
4. On May 24, 2016, the Petitioner reported new employment with [REDACTED]. She provided her first pay statement.
5. On June 2, 2016, the agency received a letter from [REDACTED] that the Petitioner's employment would end on May 31, 2016.
6. On July 27, 2016, the Petitioner completed a health care renewal. She reported employment with [REDACTED] and [REDACTED]. She provided pay statements.
7. On July 28, 2016, the agency issued a notice of decision to the Petitioner informing her that her three children were enrolled in BC+ effective September 1, 2016 with no monthly premium. The notice further informed her that she and [REDACTED] were not enrolled in BC+ effective September 1, 2016 due to income exceeding the program limit. The notice informed her that this determination was based on gross household income of \$2,483.76 from her employment at [REDACTED] and [REDACTED]. The notice also informed her of the requirement to report to the agency by the 10th day of the next month if her gross monthly income exceeded \$3078.
8. On August 12, 2016, the Petitioner submitted an employer verification that her employment at [REDACTED] had ended.
9. On March 2, 2017, the Petitioner submitted a SMRF. She reported employment at [REDACTED], 52 hours/pay period at \$9.75/hour and [REDACTED], 55 hours/pay period at \$9.95/hour. She reported employment with [REDACTED] ended February 19, 2017.
10. On March 3, 2017, the agency issued a notice of decision to the Petitioner informing her that [REDACTED] and their three children were enrolled in BC+ effective April 1, 2017, with no monthly premium. The notice informed her that she was not enrolled in BC+ effective April 1, 2017 due to

- income exceeding the program limit. The notice informed her that this was based on gross household income of \$2,483.76 from her employment. The notice further informed her of the requirement to report to the agency by the 10th day of the next month if her gross monthly household income exceeded \$3081.
11. On March 17, 2017, the Petitioner submitted a renewal. She reported employment with [REDACTED] and [REDACTED].
 12. On March 20, 2017, the agency issued a notice of decision to the Petitioner informing her that she, [REDACTED] and their three children were enrolled in BC+ effective March 1, 2017 with no monthly premium. The notice informed her that this was based on gross monthly household income of \$2305.34 from her employment. The notice also informed her of the requirement to report to the agency by the 10th day of the next month if her gross monthly household income exceeded \$2398.33.
 13. On September 14, 2017, the Petitioner submitted pay statements for [REDACTED]. On September 15, 2017, the agency issued a notice of decision to the Petitioner informing her that her three children were enrolled in BC+ effective October 1, 2017, with no monthly premium. The notice also informed her that she and [REDACTED] were in a BC+ Extension effective October 1, 2017 with a monthly premium of \$269. The notice informed her that this was based on counted gross income of \$4633.14/month from employment with [REDACTED], [REDACTED] and [REDACTED].
 14. On September 22, 2017, the Petitioner reported income errors in a notice issued to her on September 15, 2017. The agency had counted income as weekly instead of biweekly. The agency updated the case and on September 25, 2017, the agency issued a notice of decision that [REDACTED] and their three children were enrolled in BC+ effective November 1, 2017, with no monthly premium. The notice informed her that she was enrolled in BC+ Extension effective November 1, 2017 with a monthly premium of \$152.
 15. On December 22, 2017, the Petitioner applied for FS benefits. She reported employment with [REDACTED], [REDACTED] and [REDACTED]. On December 29, 2017, the Petitioner provided employment and income verification for those employers.
 16. On January 2, 2018, the agency issued a notice of decision to the Petitioner informing her that she, [REDACTED] and their three children were enrolled in BC+ effective February 1, 2018 with no monthly premium. The notice informed her that this was based on gross household income of \$2712.39 for December 2017 and \$1317.95 beginning January 1, 2017 from her employment. The notice also informed her of the requirement to report to the agency by the 10th day of the next month if her gross monthly household income exceeded \$2050.
 17. On March 1, 2018, the Petitioner submitted employer verification from [REDACTED] for herself and [REDACTED].
 18. On March 5, 2018, the Petitioner submitted employer verification that her final day of employment with [REDACTED] was January 25, 2018.
 19. On April 29, 2018, the Petitioner submitted a SMRF. She reported no changes in employment or income.
 20. On May 21, 2018, the Petitioner submitted employer verifications from [REDACTED] and [REDACTED]. The case was updated.
 21. On May 22, 2018, the agency issued a notice of decision to the Petitioner informing her that she, [REDACTED] and their three children were enrolled in BC+ effective July 1, 2018 with no monthly premium. The notice informed her that this determination was based on gross monthly household income of \$2982.05 from her employment with [REDACTED] and [REDACTED]. The notice

- further informed her of the requirement to report to the agency by the 10th day of the next month if her gross monthly household income exceeded \$2781.92.
22. On September 26, 2018, the Petitioner submitted pay statements from [REDACTED], [REDACTED] and [REDACTED].
 23. On December 6, 2018, the Petitioner completed a renewal. She reported a household of five. She reported her employment with [REDACTED] and [REDACTED].
 24. On December 7, 2018, the agency issued a notice to the Petitioner with a summary of the information on her case. The notice informed the Petitioner to report any inaccurate information in the summary to the agency within 10 days. The summary indicated the Petitioner was employed with [REDACTED], 47.12 hours/pay period at \$10/hour and [REDACTED], 58 hours/pay period at \$11/hour.
 25. On January 14, 2019, the agency issued a notice of decision to the Petitioner informing her that she, [REDACTED] and their three children were enrolled in BC+ effective February 1, 2019 with no monthly premium. It informed her that she remained in a BC+ Extension. The Petitioner submitted pay statements from [REDACTED]. On January 15, 2019, the agency issued a notice of decision to the Petitioner informing her that she would receive FS benefits beginning January 14, 2019. The notice informed her that this determination was based on reported household income of \$2384.78/month from her employment at [REDACTED] and [REDACTED]. The notice also informed her of the requirement to report to the agency if her household's gross monthly income exceeded \$2451.67/month.
 26. On June 17, 2019, the Petitioner completed a renewal. She submitted employment verifications for [REDACTED], [REDACTED], [REDACTED], and [REDACTED].
 27. On August 15, 2019, the agency issued a notice of decision to the Petitioner informing her that she and her three children were enrolled in BC+ effective August 1, 2019 with no monthly premium. It also informed her that [REDACTED] was not enrolled in BC+ effective August 1, 2019 due to income exceeding the program limit. The notice informed her that this determination was based on gross monthly household income of \$1249.67 from her employment at [REDACTED] and [REDACTED]'s employment at [REDACTED] and [REDACTED]. The notice also informed her of the requirement to report to the agency by the 10th day of the next month if the household's gross monthly income exceeded \$2514.17.
 28. On August 27, 2019, the agency received a wage discrepancy alert. Based on wages reported to the state, employment verifications were requested for [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED] for the Petitioner and [REDACTED].
 29. On September 16, 2019, the agency issued a notice of decision to the Petitioner informing her that her family's healthcare benefits would end effective October 1, 2019, due to failure to provide verification of employment.
 30. On October 15 and 18, 2019, the Petitioner provided employment verifications.
 31. On October 25, 2019, the agency issued a notice of decision to the Petitioner informing her that [REDACTED] and their three children were enrolled in BC+ effective October 1, 2019 with no monthly premium. It informed her that she was not enrolled in BC+ effective October 1, 2019 due to income exceeding the program limit. The notice informed her that the agency counted gross household income of \$5390/month for [REDACTED] and \$2262/month for her from her employment and [REDACTED]'s employment.
 32. On April 27, 2020, the Petitioner applied for FS benefits. She reported a household of three. She reported employment with [REDACTED] [REDACTED] and [REDACTED] [REDACTED] and [REDACTED] [REDACTED]. She

reported [REDACTED] employment with [REDACTED], [REDACTED], [REDACTED] and [REDACTED].

33. On April 28, 2020, the agency issued a notice of decision to the Petitioner informing her that [REDACTED] and their three children were enrolled in BC+ effective June 1, 2020 with no monthly premium. It informed her that she was not enrolled in BC+ effective June 1, 2020 due to failure to provide verification of employment. The notice informed her the agency counted gross income of \$3457 for [REDACTED] and \$1266 for her.
34. On April 28, 2020, the agency issued a notice to the Petitioner with a summary of information on the case. The notice informed her of the requirement to report inaccurate information to the agency within 10 days. The summary reported the Petitioner's employment at [REDACTED], 21 hours/pay period at \$10/hour; [REDACTED], [REDACTED]; [REDACTED], 36 hours/pay period at \$11.75/hour; [REDACTED]; [REDACTED]; and [REDACTED] ending February 28, 2020. The summary also reported [REDACTED]'s employment with [REDACTED], 52 hours/pay period at \$10/hour; [REDACTED]; [REDACTED], 24 hours/pay period at \$11/hour; [REDACTED], 27.5 hours/pay period at \$11/hour; [REDACTED], ending February 20, 2020; and [REDACTED], 42 hours/pay period at \$11/hour.
35. On September 3, 2020, the Petitioner contacted the agency to report that she and the Petitioner were married. In updating the case, the agency discovered unreported employment.
36. On September 4, 2020, the agency requested employment verification with [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED].
37. On September 25, 2020, the agency informed the Petitioner that her case would close due to failure to provide requested verifications.
38. On March 17, 2021, the Office of Inspector General received a referral that the Petitioner and [REDACTED] have more income than reported. Requests for verification of employment and income were issued for all employers that reported wages for the Petitioner and [REDACTED].
39. In March and April 2021, the agency received employment and income verification from [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED] Taw.
40. The agency did not receive employment and income verification from [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED]. The agency used the state wage record for these employers in determining the overpayment.
41. On June 25, 2021, the agency issued MA/BC+ Overpayment Notices to the Petitioner informing her that the agency intends to recover overissuances of MA/BC+ benefits as follows:

Claim Number:		10/01/2018 to 10/31/2018	\$ 1.43
Claim Number:		12/01/2018 to 09/30/2019	\$4206.71
Claim Number:		12/01/2018 to 09/30/2019	\$ 653.23
Claim Number:		10/01/2019 to 02/29/2020	\$1178.16
Claim Number:		10/01/2019 to 02/29/2020	\$ 969.83
Claim Number:		01/01/2019 to 07/31/2019	\$1768.70
Claim Number:		04/01/2018 to 09/30/2018	\$1722.93
Claim Number:		10/01/2017 to 10/31/2017	\$ 288.68
Claim Number:		08/01/2019 to 09/30/2019	\$1409.10
Claim Number:		02/01/2018 to 03/31/2018	\$1646.99
Claim Number:		05/01/2017 to 09/30/2017	\$3593.74
Claim Number:		05/01/2016 to 07/31/2016	\$2747.63

DISCUSSION

MA overpayment recovery is authorized by Wis. Stat., §49.497(1):

(a) The department may recover any payment made incorrectly for benefits provided under this subchapter or s. 49.665 if the incorrect payment results from any of the following:

1. A misstatement or omission of fact by a person supplying information in an application for benefits under this subchapter or s. 49.665.
2. The failure of a Medical Assistance or Badger Care recipient or any other person responsible for giving information on the recipient's behalf to report the receipt of income or assets in an amount that would have affected the recipient's eligibility for benefits.
3. The failure of a Medical Assistance or Badger Care recipient or any other person responsible for giving information on the recipient's behalf to report any change in the recipient's financial or nonfinancial situation or eligibility characteristics that would have affected the recipient's eligibility for benefits or the recipient's cost-sharing requirements.

See also the BC+ Handbook, § 28.2. The overpayment must be caused by the client's error. Overpayments caused by agency error are not recoverable.

An overpayment is determined as follows: "If the case was ineligible for BC+, recover the amount of medical claims paid by the state and/or the capitation rate. Use the ForwardHealth interChange data from the Total Benefits Paid by Medicaid Report(s). Deduct any amount paid in premiums (for each month in which an overpayment occurred) from the overpayment amount." Handbook, § 28.4.2.

In 2016, the income limit for a household of one was \$990/month or \$11,880/year; for a household of four, the limit was \$2025/month or \$24,300/year. In 2017, the income limit for a household of one was \$1005/month or \$12,060/year; for a household of four, the limit was \$2,050/month or \$24,600/year. For 2018, the income limit for a household of one was \$1011.67/month or \$12,140/year; for a household of four, the limit was \$2091.67/month or \$25,100/year. For 2019, the income limit for a household of two was \$1409.17/month or \$16,910/year; for a household of three, the income limit was \$1,777.50/month or \$21,330/year. For 2020, the income limit for a household of three was \$1,810/month or \$21,720/year. See Wis. Stat. §49.45(23) and the BC+ Handbook, § 50.1 for the limit. BC+ recipients are required to report if income in a month rises above that level. Handbook, § 27.3. The report must be made by the tenth of the next month, and BC+ will close the following month if income remains above the limit.

In this case, the agency seeks to recover an overissuance of MA/BC+ benefits issued to the Petitioner's three children for the period of October 2018 and for December 1, 2018 – February 29, 2020 due to income exceeding the program limit (Claim # [REDACTED], [REDACTED], [REDACTED], [REDACTED] and [REDACTED]). The agency further seeks to recover an overissuance of MA/BC+ benefits issued on behalf of the Petitioner for the periods of May 1, 2016 – July 31, 2016, May 1, 2017 – October 31, 2017, February 1, 2018 – September 30, 2018 and January 1, 2019 – September 30, 2019 (Claim # [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED] and [REDACTED]).

Claims for an overissuance of benefits to the Petitioner's children

The agency asserts that the household income for the Petitioner's household exceeded the income limit for the periods of October 2018 and December 1, 2018 – February 29, 2020. During those periods, the agency issued benefits on behalf of the Petitioner's children. The agency asserts that the Petitioner and [REDACTED] did not accurately report their household income and their household income exceeded the program limit, resulting in the overpayment.

The agency produced evidence of the Petitioner's reported income, the notices issued to the Petitioner and ■■■ with the reporting requirements and the actual income of the household during the overpayment periods. For October 2018 and December 1, 2018 – February 29, 2020, the actual household income that should have been counted in determining the children's eligibility was consistently over the program limit. Neither the Petitioner nor ■■■ reported to the agency when the income exceeded reporting requirements. The agency also produced evidence that employment was not accurately reported during application and renewals.

The agency produced evidence that the Petitioner re-applied for FS benefits on December 22, 2017, and reported employment with [REDACTED], [REDACTED] and [REDACTED]. The agency produced evidence to demonstrate that the Petitioner also had employment and income with [REDACTED] beginning in September 2017 that was not reported until employment ended in March 2018.

In addition, the agency's notice of decision issued to the Petitioner on January 2, 2018 informed her of the requirement to report to the agency if her household's gross monthly income exceeded \$2050. The employment verifications demonstrate that the Petitioner's household income exceeded this limit in every month of the overpayment period.

Further, the agency produced evidence that [REDACTED] was employed with [REDACTED] beginning in December 2017, [REDACTED] beginning in July 2018, [REDACTED] beginning in August 2018, [REDACTED] beginning in September 2018, [REDACTED] beginning in October 2018 and [REDACTED] beginning in November 2018. The evidence demonstrates the Petitioner or [REDACTED] did not report employment with [REDACTED] until March 2018.

In addition, when the Petitioner submitted a renewal in April 2018, she reported no changes in employment for the household. On May 22, 2018, the agency issued a notice of decision informing the Petitioner that her eligibility and allotment was determined based on her income from [REDACTED] and [REDACTED]. She was required to report additional employment that [REDACTED] had from [REDACTED] at that time. There is no evidence that [REDACTED]'s employment and income was reported during this time.

Further, the notice of decision from May 22, 2018 informed the Petitioner of the requirement to report to the agency if her household's monthly gross income exceeded \$2781.92. The evidence from employment and income verification demonstrates that the household income exceeded that limit in every month of the overpayment period.

The agency produced evidence that in December 2018, the Petitioner completed a renewal and reported her employment with [REDACTED] and [REDACTED]. The evidence from employment verifications demonstrates that she also had employment and income with [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED] during this period. In addition, [REDACTED] had employment with [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED]. There is no evidence that this employment and income was reported. Further, the evidence establishes that the Petitioner's household income exceeded the reporting requirement of \$2451.67 in each month of the overpayment period. This income was not reported.

In June 2019, the Petitioner's completed a renewal and reported her employment with [REDACTED] and [REDACTED]'s employment with [REDACTED] and [REDACTED]. The agency's notice of decision issued on August 14, 2019 informed her that the agency determined her eligibility and allotment based on gross household income of \$2654.92 from her employment with [REDACTED] [REDACTED] and [REDACTED]'s employment with [REDACTED] and [REDACTED].

The agency submitted evidence that [REDACTED] also had employment with [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED] during this period. The evidence also indicates that the Petitioner was additionally employed with [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED] during this period. These various employers and incomes were not reported.

In addition to exceeding the monthly income limits, the Petitioner and [REDACTED]'s income exceeded the annual income limits for gap coverage for 2018, 2019 and 2020.

As to the amount of the overpayment, the agency produced the Benefits Paid by MA reports for the relevant periods. There were months when the household income would have allowed for coverage for the children with a monthly premium. In those cases, the agency seeks to recover the amount of the premium that would have been applicable, if it is less than the MA benefits paid for the month.

The Petitioner submitted no evidence to rebut the agency's evidence. Based on the evidence submitted, I conclude the agency correctly seeks to recover an overpayment of MA/BC+ benefits for the Petitioner's children for the period of October 2018 and December 1, 2018 – February 29, 2020 in the amount of \$7,009.36 for Claim # [REDACTED], [REDACTED], [REDACTED], [REDACTED] and [REDACTED].

Claims for Petitioner for May 1, 2016 – July 31, 2016, May 1, 2017 – October 31, 2017, February 1, 2018 – September 30, 2018 and January 1, 2019 – September 30, 2019

The agency produced evidence that when the Petitioner applied for benefits in April 2016, she reported employment with [REDACTED]. The agency produced evidence that the Petitioner was also employed at that time with [REDACTED] and [REDACTED]. She did report her employment with [REDACTED] but not until May 24, 2016 (her hire date was February 29, 2016). The Petitioner also reported the end of her employment at [REDACTED] on June 1, 2016 but information from the employer demonstrates that she continued to be employed there through September 2016.

At the time of the Petitioner's renewal in July 2016, she reported her employment with [REDACTED] and [REDACTED] but did not report employment with [REDACTED] or [REDACTED].

In addition to unreported employment and income at the time of application and renewal, the agency produced evidence that the Petitioner's income exceeded the program limit in March 2016. The Petitioner was required to report this to the agency by April 10, 2016. Had the Petitioner properly reported her income, she would not have been eligible for benefits.

The Petitioner completed a renewal in March 2017 and did not report any changes. The income information produced by agency demonstrates that her income continued to exceed the program limit from March 2017 through February 2020 except for April 2017. The Petitioner continued to inaccurately report employment and income during applications and renewals as noted in the section above discussing the liability for the children's benefits.

The agency produced the Benefits Paid by MA reports for the Petitioner for the overpayment periods to support the amount of the claims.

The Petitioner submitted no evidence to rebut the agency's evidence. Based on the evidence submitted, I conclude the agency correctly seeks to recover an overpayment of MA/BC+ benefits for the Petitioner for the periods of May 1, 2016 – July 31, 2016, May 1, 2017 – October 31, 2017, February 1, 2018 – September 30, 2018 and January 1, 2019 – September 30, 2019 in the amount of \$13,177.94 for Claim # [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED] and [REDACTED].

CONCLUSIONS OF LAW

1. The agency is authorized to recover an overissuance of MA/BC+ benefits from the Petitioner for Claim # [REDACTED], [REDACTED], [REDACTED], [REDACTED] and [REDACTED] in the total amount of \$7,009.36.
2. The agency is authorized to recover an overissuance of MA/BC+ benefits from the Petitioner for Claim ## [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED] and [REDACTED] in the total amount of \$13,177.94.

THEREFORE, it is

ORDERED

That the Petitioner's appeal is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 4822 Madison Yards Way 5th Floor, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important, or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

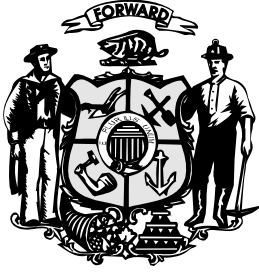
APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee,
Wisconsin, this 13th day of January, 2022

\s _____
Debra Bursinger
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on January 13, 2022.

Public Assistance Collection Unit
Public Assistance Collection Unit
Division of Health Care Access and Accountability